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New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration
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NOTICE

As of January 7, 2006, Revisions were made to the Charitable Registration & Investigation Act affecting the registration requirements for **both** initial and renewal registration applicants. As a result of those changes, effective July 9, 2006, it is now necessary to **complete and attach the addendum page to your organization's CRI 150I long form initial registration statement; CRI 200 short form verification statement; or CRI 300r long form renewal registration statement.** The Charitable Registration section is currently revising all registration forms to include the addendum's questions and these updated forms will be available for download shortly. In the interim, all submitted registration packets must include the completed addendum to be deemed compliant.



State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
OFFICE OF CONSUMER PROTECTION
CHARITABLE REGISTRATION & INVESTIGATION SECTION
124 HALSEY STREET, PO Box 45021
NEWARK, NJ 07101
(973) 504-6215

Long Form Initial Registration Statement CRI-150I

To be completed by new charitable organizations for the purpose of initial registration with the State of New Jersey and charitable organizations not previously registered with this State, who are required by section 24 of the Charitable Registration and Investigation Act of 1994 (CRI Act) to use the Long Form Registration Statement.

1. Organization Name: _____
Street address _____
City State ZIP code
Fiscal Year Ending _____ Federal Employer _____
(month/day/year) (Identification number)
Telephone number _____ Fax number _____
(Include area code) (Include area code)

1. Does the organization have any offices in New Jersey in addition to the one listed above?
☐ Yes ☐ No If "Yes," attach a list indicating the address and telephone number of each office in New Jersey.
2. If the organization does not maintain an office in this State, indicate the name and address of the person in New Jersey who has custody of the organization's financial records.

Name _____
Street address _____
City State ZIP code
Telephone number _____ Fax number _____
(Include area code) (Include area code)

3. Where and when was the organization legally established? Date _____
City State ZIP code
(month/day/year)

Attach, as required by CRI Act section 24, subsection C. paragraph (I), a copy of the organization's charter, articles of organization, agreement of association, instrument of trust, constitution or other organizational instrument and by-laws.

4. Form of organization (check one)

_____ Nonprofit corporation	_____ Foundation
_____ Individual	_____ Association
_____ Society	_____ Partnership
_____ Trust	_____ Other (Specify)

5. Has the Internal Revenue Service (IRS) determined that the organization is tax-exempt? ☐ Yes ☐ No

a. If "Yes," attach a copy of the Federal Tax Exemption determination letter received from the IRS.

b. If "No," is an application to the IRS pending? ☐ Yes ☐ No

c. If "No," has an exemption been refused? ☐ Yes ☐ No

changed? ☐ Yes ☐ No

revoked? ☐ Yes ☐ No

If an exemption has been refused, changed, or revoked, attach a copy of the determination letter involved and provide a detailed explanation.

6. What is the charitable purpose or purposes for which the organization was formed?

7. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it is in existence or planned. Only major program categories need be listed. Attach separate sheets if needed.

8. Does the organization solicit contributions from the general public? ☐ Yes ☐ No

9. Does the organization solicit funds under any name or names other than the one listed at the top of this form?
☐ Yes ☐ No If "Yes," indicate the other name or names. _____

10a. Does the organization use an independent paid fund raiser or fund-raising counsel as defined in section 20 of the CRI Act? ☐ Yes ☐ No If "No," go to question 11. If "Yes," complete 10b.

10b. Does the independent paid fund raiser or fund-raising counsel have custody, control or access to the organization's money? ☐ Yes ☐ No

10c. For each independent paid fund raiser or fund-raising counsel indicate: (Attach a separate sheet if more than one.)

Name _____

Street address _____

City

State

ZIP code

New Jersey Registration number _____

11. Has the organization permitted a charitable sales promotion as defined in section 20 of the CRI Act to be conducted on its behalf by a commercial co-venturer, as defined in section 20 of the CRI Act?
☐ Yes ☐ No If "Yes," attach a copy of each financial report to the financial statement that is part of this form.

12. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?
☐ Yes ☐ No If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
13. Is the organization authorized by any other state to solicit contributions? ☐ Yes ☐ No
If "Yes," attach a listing of the states in which the organization is authorized to solicit contributions.
14. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☐ No If "Yes," attach a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach an explanation on a separate sheet of paper.
15. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this act? ☐ Yes ☐ No
If "Yes," attach a copy of any orders, judgements or other documents which show the final disposition of the matter. For the purpose of this paragraph: a plea of guilty, nonvult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.
16. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets or been enjoined from soliciting contributions in any other jurisdiction? ☐ Yes ☐ No
If "Yes," attach a copy of any orders, judgements or other documents which show the final disposition of the matter.
17. List the following information for each officer, director, trustee, and the five most highly compensated staff employees:

Name

Title

Home address

Telephone number

Include area code

Relationship

Long Form Registration Statement CRI-150I

Financial Statement

Please supply financial information below according to enclosed instructions for completing Long Form Initial Registration Statement CRI-150I.

Full official name and address of organization

Name _____

Street address _____

City

State

ZIP code

Financial Report For Fiscal Year Ending _____
(month/day/year)

Telephone number _____
(Include area code)

Total
Amount

A. Receipts

Line 1. Contributions

Line 1a. Direct Public Support

- | | |
|---|-------|
| 1) Direct Mail | _____ |
| 2) Telephone Solicitation Campaign | _____ |
| 3) Telethon | _____ |
| 4) Commercial co-venturers | _____ |
| 5a) Gross receipts from fund-raising events
(own behalf) | _____ |
| 5b) Gross receipts from fund- raisers/bonded fund-raising
counsel/fund-raising counsel)..... | _____ |
| 6) Canisters, counter cards, door to door etc. | _____ |
| 7) Corporations and other businesses | _____ |
| 8) Foundations and Trusts | _____ |
| 9) Donated land, buildings, property, equipment,
and materials | _____ |
| 10) Legacies and Bequests..... | _____ |
| 11) Membership dues solely resulting from solicitations | _____ |
| 12) Other (Specify) _____ | _____ |
| 13) Total Direct Public Support
add lines 1a1 thru 1a12 | _____ |

Line 1b. Indirect Public Support

- | | |
|---|-------|
| 1) Federated fund-raising organizations | _____ |
| 2) From affiliated organizations | _____ |
| 3) From other fund-raising organizations | _____ |
| 4) Total Indirect Public Support (add lines 1b1 thru 1b3) | _____ |

Total
Amount

Line 1c. Gross Contributions (add lines 1a13 and 1b4)

**The total on this line is
used to determine the proper
registration fee. See General
Information 5.**

Line 2. Government Grants including
purchase of service contracts
(specify agency).

- a.
- b.
- c.
- d.
- e. Total Government Grants (add line 2a through 2d)

Line 3. Other Support

- a. Bona fide Membership Dues
- b. Program Service Revenue
- c. Professional services rendered by volunteers
- d. Miscellaneous Income
- e. Total Other Support (add lines 3a thru 3d)

Line 4 Total Gross Revenue

(add lines 1c, 2e, and 3e)

**The total on this line is used to deter-
mine the proper financial report. See
General Information 6 and 7.**

B. Expenses

Line 1. Program

Line 1a. Joint Costs in Program Total

Line 2. Management and General

Line 2a. Joint Costs in Mgmt. & General

Line 3. Fund raising

Line 3a. Fund raising (in house)

Line 3b. Fund raising (Independent Paid Fund Raisers and/or
Bonded Fund-Raising Counsels)

Line 3c. Fund raising (Fund-Raising Counsels)

Total
Amount

Line 3d. Total Fundraising
(add lines B3a and B3b.) _____

Line 3e. Joint Costs in Fund raising _____

Line 4. Total Expenses (add lines B1, B2, and B3c) _____

Line 4a. Total Joint Costs (add lines B1a., 2a, and B3d) _____

C. Excess or deficit for the year ended _____

Subtract Line B4 from Line A4 _____

D. Fund Balance

Line D1. Fund Balance at beginning of the year _____

Line D2. Other Changes in Fund Balance _____

Line D3. Fund Balance at the end of the year (add lines C, D1, and D2) _____

NJ OFFICE OF THE ATTORNEY GENERAL

Division of Consumer Affairs

Charities Registration & Investigation Section

Addendum To Long Form Initial Registration

CRI-150 I

Page 1 of 1

Organization Name: _____ **Charities Number: CH** _____

Fiscal Year End being reported: ____ / ____ / ____ **Initial Registration**

ATTENTION:

Attach the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization was required to file these forms with the IRS. Attach a copy of the organization's annual financial report, including an audited financial statement, if the organization received gross revenue in excess of \$250,000. NOTE: If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

- 15a. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud or deceptive business practices? For purposes of this question, a judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets. If so, identify the individual and attach a copy of any order, judgment or other documents indicating the final disposition of the matter.
16. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without admissions of liability) with any jurisdiction, state or federal agency or officer? If so, please attach a copy of the relevant document.

Signature _____ Print Name & Title _____ Date _____
Signature _____ Print Name & Title _____ Date _____



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CHARITIES REGISTRATION & INVESTIGATION SECTION
124 HALSEY STREET, PO BOX 45021
NEWARK, NJ 07101
(973) 504-6262

Long Form Initial Registration Statement CRI-150IC Confidential Information

Organization Name _____

1. Are any of the organization's officers, directors, trustees or five most highly compensated employees related by blood, marriage or adoption to:
 - a. each other? ☐ Yes ☐ No
 - b. any officers, agents, or employees of any fund-raising counsel or independent paid fund raiser under contract to the organization? ☐ Yes ☐ No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?
☐ Yes ☐ No
2. List the following information for each officer, director, trustee and the five most highly compensated executive staff employees: (Attach a separate sheet if needed.)

Name	Title	Home address	Telephone number <i>Include area code</i>	Relationship
------	-------	--------------	--	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Signature _____

NJ OFFICE OF THE ATTORNEY GENERAL
Division of Consumer Affairs
Charities Registration & Investigation Section
Addendum to Long Form Initial Registration - Confidential Form
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Confidential Information

Organization Name: _____	Charities Number: CH _____
Fiscal Year End being reported: ____ / ____ / ____ Initial Registration	

1d: If you answered “Yes” to questions 1a, b or c, please provide a statement explaining these relationships.

Question 2A: Do any of the organization’s officers, directors, trustees or five most highly compensated employees have a financial interest in any activity engaged in by a fund raising counsel or independent paid fund raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? If so, please provide a statement providing the details of these relationships, and identify the name, business address and telephone number of all interested parties.

Signature _____	Print Name & Title _____	Date _____
Signature _____	Print Name & Title _____	Date _____